



## TRANSITION MEETING NOTIFICATION

State Form 51671 (R / 9-04) / BCD 0104



First Steps

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Name of parent / legal guardian

\_\_\_\_\_  
Address (number and street, city, state, and ZIP code)

Dear \_\_\_\_\_,

Your child, \_\_\_\_\_ has been scheduled for a transition meeting  
on \_\_\_\_\_. This meeting will be at \_\_\_\_\_ at \_\_\_\_\_ ☐ AM ☐ PM.  
\_\_\_\_\_  
Date (month, day, year) Location Time

The purpose of this meeting is to review your child's program options and develop a plan for transition. As we have discussed, the following individuals have been invited to this meeting.

_____ Service Coordinator	_____ Therapist
_____ Local Education Agency	_____ Therapist
_____ Head Start	_____ Therapist
_____ Other	_____ Therapist

A copy of the brochure, "Families Always Have Rights" is enclosed. You are urged to participate as a member of the team during all discussions. You may also bring other individuals to this meeting. If you have any questions or this time is not convenient for you, please call me at (\_\_\_\_\_) \_\_\_\_\_. Thank you for your time.  
\_\_\_\_\_  
Telephone number

Sincerely,

Service Coordinator

- PROVIDERS: This letter serves as your written invitation to participate in the transition meeting noted above.